

**2021 TRACK & FIELD SEASON
REGISTRATION PACKET**





WEST COAST STRIDERS TRACK CLUB

CLUB INFORMATION:

Current Season: 2021 Track & Field Season

Club Practice Location: Pacana Park 19000 N Porter Road, Maricopa AZ 85138

Maricopa High School 45012 W. Honeycutt Ave, Maricopa AZ 85139

Practice Days/Time: **Practice times are subject to change*

4:30 PM Monday's

4:30 PM Thursday's

8:00 AM Saturday's

Club Colors: Black, Gold, White

Club Values: Physical and emotional health and fitness
Individual excellence and personal growth
Individual development beyond sports

West Coast Striders Track Club is a non-profit organization (501(c)(3)) and is a member of USA Track and Field. The Striders strive to teach and excel in all areas of track and field. Our athletes and coaches have had great success at the state, regional, national, and world competition levels. Track & Field is a year-round sport with both summer (outdoor) and winter (indoor) seasons.

In Arizona indoor track season is January through February (Winter), February through May (Spring), June - July (Summer). The various running, jumping and throwing events which make up the sport are among the oldest competitive disciplines in the world; the specific skills and physical capabilities acquired through track and field can be readily applied to other sports. The sport of track and field is a sport for all ages and abilities.



WEST COAST STRIDERS TRACK CLUB

ATHELETE INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____

Date Of Birth: ____/____/____ Gender: (M/F) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: () _____ - _____

Email: _____

YOUTH ATHELETE ADDITIONAL INFORMATION:

School Of Attendance: _____

Grade: _____

Does Your School Offer Track & Field: _____

Parent or Guardian Name: _____

Relationship: _____

Contact Number: () _____ - _____

Parent Email: _____



WEST COAST STRIDERS TRACK CLUB

REGISTRATION:

Participation Fees: Fees Are Not Refundable

\$25-\$45 DUE DECEMBER 1: USA Track & Field Individual Membership Fee (\$25 youth, \$45 adult) USA Track & Field Membership Fee must be paid online at www.usatf.org. A copy of the membership ID must be turned in with this completed registration form. Club ID when you apply is **48-501**

\$275 DUE DECEMBER 1: 2021 West Cost Striders Track Club Registration Fee. The fee does not include travel and lodging in state or to regional and national championship competition.

\$79 DUE DECEMBER 1: Uniforms are required. Minimum uniform requirements are singlet top, spandex shorts, and spikes. Team top and shorts are purchased through our website for \$79. Spikes can be purchased at sporting stores Dick's Sporting Goods or Big 5 Sporting Goods.

Track & Field Arizona Notification:

Athletes must notify USA Track & Field Arizona once they have a USA Track & Field ID. This is required in order to compete at track and field in Arizona. You will email usatfaz@cox.net a copy of your USA Track & Field Membership ID, and a copy of your birth certificate. Include in the email you are affiliated with West Cost Striders Track Club ID **48-501**.

REGISTRATION DEADLINE: NOVEMBER 30TH

I hereby agree to participate in the 2021 Track and Field season with West Coast Striders Track Club. I confirm I am a Member of USA Track & Field, Registered with USA Track & Field Arizona, Completed a Medical Release Form, and have paid the required club registration and uniform fees.

Athlete Name: _____

Athlete Signature: _____

Date: ____/____/____

I hereby grant my child permission to participate in the 2021 Track and Field season with West Coast Striders Track Club and confirm my child is a Member of USA Track & Field, Registered with USA Track & Field Arizona, Completed a Medical Release Form, and have paid the required club registration and uniform fees.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: ____/____/____



WEST COAST STRIDERS TRACK CLUB

MEDICAL RELEASE FORM:

Athlete: _____ Date Of Birth: ____/____/____ Gender: (M/F) ____

Athlete Address: _____

City: _____ State: _____ Zip: _____

Known Allergies/Injuries (Current or Previous): _____

Current Medications: _____

In case of emergency, contact:

Name	Phone	Relationship to Athlete
------	-------	-------------------------

Athlete Signature: _____ Date: ____/____/____

Parent / Guardian Signature: _____ Date: ____/____/____

MEDICAL AUTHORIZATION:

Family Physician: _____ Phone: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital Preference: _____

Medical Insurance Co: _____ Policy No: _____ Group ID#: _____

In case of an emergency, if family physician cannot be reached, I hereby authorize myself to be treated or if minor child, parent authorizes minor to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R., Physician)

Athlete Authorization:

Athlete Signature: _____ Date: ____/____/____

Parent / Guardian Signature: _____ Date: ____/____/____